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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>  (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	TNCR.059US6
		First Named Inventor or Application Identifier	Timothy R. Piwonka-Corle
		Title	Focused Beam Spectroscopic Ellipsometry Method and System
		Express Mail Label No.	EV 357 219 012 US
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>ADDRESS TO:</b> Commissioner for Patents Box Patent Application P. O. Box 1450, Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form - <i>see page 2 of this form.</i> (Submit an original, and a duplicate for fee processing) 2. Application: <input checked="" type="checkbox"/> Specification: (42 pages) Descriptive title of the Invention, Cross References to Related Applications, Reference to Microfiche Appendix, Background of the Invention, Brief Summary of the Invention, Brief Description of the Drawings, and Detailed Description  <input checked="" type="checkbox"/> Claim(s) (11 pages) <input checked="" type="checkbox"/> Abstract of the Disclosure (1 page)		6. <input type="checkbox"/> Microfiche Computer Program Appendix consisting of _____ pages of microfiche containing _____ frames on each page in accompanying envelope. 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
<b>ACCOMPANYING APPLICATION PARTS</b>			
8. <input type="checkbox"/> Assignment Papers (cover sheet & documents) _____ pages 9. <input type="checkbox"/> 37 CFR §3.73(b) Statement <input type="checkbox"/> Power of Attorney (combined when there is an _____ with Patent Declaration Assignee) _____ above.) 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure _____ Copies of IDS Statement (IDS) ( pages) Citations/References & <input type="checkbox"/> PTO Form 1449 ( page) 12. <input type="checkbox"/> Preliminary Amendment _____ pages 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. Small Entity Status <input type="checkbox"/> Small Entity Statement Enclosed _____ pages <input type="checkbox"/> Statement filed in prior application; and status still proper and desired <input checked="" type="checkbox"/> Is no longer claimed. 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input checked="" type="checkbox"/> Other: <input checked="" type="checkbox"/> Cancel Claims 2-52. <input checked="" type="checkbox"/> Copy of Supplemental Patent Declaration (4 pages)			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information and a preliminary amendment: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional of prior application No.: 09/248,876 Filed on 02/11/1999, entitled: Focused Beam Spectroscopic Ellipsometry Method and System. <b>PRIOR APPLICATION INFORMATION:</b> Examiner R.Rosenberger Group Art Unit 2877			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		or <input checked="" type="checkbox"/> Correspondence address below  <b>36257</b>	
Name Attorneys for Applicant Address City Country:	James S. Hsue Parsons Hsue & de Runtz LLP 655 Montgomery Street, Suite 1800 San Francisco United States	State Telephone	CA (415) 318-1160 Zip Code Fax
			Reg. No. 29,545 94111 (415) 693-0194

17510 U.S.PTO  
10/716805

Please type a plus sign (+) inside this box ⇒

19. Fee calculations.

CLAIMS (Number Filed)	(1) FOR	(2)		(3) NUMBER EXTRA		(4) RATE		(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	1-20	=	0	x	\$18	=	\$ 0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	1-3	=	0	x	\$84	=	\$ 0.00
<input type="checkbox"/>	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.18(d))				+	\$280.00	=	
						BASIC FEE (37 CFR 1.16(a))	=	\$ 770.00
						Total of above Calculations	=	\$770.00
						Reduction by 50% for filing by small entity (Note 31 CFR 1.9, 1.27, 1.28).	=	
							TOTAL	= \$770.00

20. FEES:

A check is enclosed for \$770.00.

The Commissioner is hereby authorized to credit overpayments or charge any additional fees required to Deposit Account No. 502664.

21.  Other: \_\_\_\_\_

**NOTE:** The prior application's correspondence address will carry over to this UPA UNLESS a new correspondence address is provided below.

22. NEW CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	36257	<input checked="" type="checkbox"/> New correspondence address below			
NAME	James S. Hsue, Parsons Hsue & de Runtz LLP				
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23. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

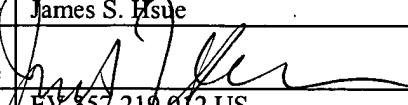
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